



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG TERM CARE REGULATION
INSPECTION REPORT – SPRINKLER SYSTEM

				FACILITY ID NUMBER	
FACILITY NAME			FACILITY TYPE <input type="checkbox"/> RCF I <input type="checkbox"/> RCF* (II) <input type="checkbox"/> ALF <input type="checkbox"/> ALF** <input type="checkbox"/> ICF <input type="checkbox"/> SNF		
ADDRESS (STREET, CITY, ZIP CODE)					
OWNER			ADMINISTRATOR		
DATE SPRINKLER INSTALLED		MANUFACTURER			
IS THERE MORE THAN ONE SPRINKLER SYSTEM? YES <input type="checkbox"/> NO <input type="checkbox"/>		WHERE IN THE FACILITY ARE THE MAIN CONTROLS LOCATED FOR EACH SYSTEM?			
	YES	NO		YES	NO
TAMPER SWITCH	<input type="checkbox"/>	<input type="checkbox"/>	INSTALLED IN ACCORDANCE WITH NFPA-13	<input type="checkbox"/>	<input type="checkbox"/>
FLOW ALARM	<input type="checkbox"/>	<input type="checkbox"/>	INSTALLED IN ACCORDANCE WITH NFPA-13R	<input type="checkbox"/>	<input type="checkbox"/>
POST INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	INSPECTED & MAINTAINED IN ACCORDANCE WITH NFPA-25	<input type="checkbox"/>	<input type="checkbox"/>
FIRE DEPARTMENT CONNECTION	<input type="checkbox"/>	<input type="checkbox"/>	SPARE PARTS AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>
BOOSTER PUMP	<input type="checkbox"/>	<input type="checkbox"/>	WATER SUPPLY:		
WET SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>			
DRY SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>			
REMARKS					
THIS IS TO CERTIFY THAT I, THE UNDERSIGNED, A CERTIFIED SPRINKLER SYSTEM INSPECTOR, HAVE MADE AN INSPECTION OF THE SPRINKLER SYSTEM IN THE ABOVE-NAMED FACILITY, AND FIND THAT THE SPRINKLER SYSTEM <input type="checkbox"/> IS <input type="checkbox"/> IS NOT IN PROPER WORKING CONDITION AND PROPERLY MAINTAINED IN ACCORDANCE WITH NFPA-25 AND WAS INSTALLED IN ACCORDANCE WITH NFPA-13 OR 13R.					
SPRINKLER SYSTEM REPRESENTATIVE SIGNATURE AND TITLE			NAME OF COMPANY		TELEPHONE NUMBER
ADDRESS (STREET, CITY, ZIP CODE)					DATE
RETURN TO:	MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF REGULATION AND LICENSURE SECTION FOR LONG TERM CARE REGULATION REGION				
	ADDRESS				
	CITY, STATE, ZIP CODE				